DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER INDIANA VETERANS HOME SITE LARAPETE, IN 47906 SITE LARAPETE, IN 47906 SITE LARAPETE, IN 47906 SITE LARAPETE, IN 47906 WEST LARAPETE, IN 47906 WEST LARAPETE, IN 47906 (FOOD) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Receiffication Survey and State Licensure Survey completed on February 1, 2016. Complaint IN00187785: Corrected Survey dates: March 15 and 16, 2016 Facility number: 200817200 Census bed type: SNPNE: 157 Total: 157 Census payor type: Medicare: 4 Medicare: 97 Other: 56 Total: 157 Quality Review was completed by 21662 on March 18, 2016.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.